



Uterine Fibroids

What are fibroids?

Uterine fibroids are the most common benign (not cancerous) tumors, or growths, in women of childbearing age. They grow in and around the muscular wall of the uterus (womb) and can grow as a single tumor or there can be many. They can be as small as an apple seed or as big as a grapefruit. Fibroids can grow or stay about the same size over time. Another medical term for fibroids is leiomyoma or just “myoma.”

What are the symptoms of fibroids?

Fibroids do not always cause symptoms. People who have symptoms may find fibroids hard to live with. Symptoms of fibroids can include:

- **Changes in menstruation (your period)**
 - Heavy bleeding during your period that soaks through one or more tampon or pad every hour or lasts more than seven days
 - Vaginal bleeding between periods
 - Heavy and irregular bleeding can cause anemia (low red blood cell count)
 - Painful periods
- **Fullness or pressure**
 - Feeling “full” in the lower abdomen (belly)
 - An urge to urinate more often or difficulty urinating
- **Pain**
 - Pain during sex
 - Pain in the belly or lower back
- **Reproductive problems**
 - Infertility
 - Miscarriage
 - Early Labor

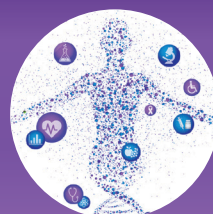
What causes fibroids?

No one knows for sure what causes fibroids. Researchers think more than one factor could play a role. These factors could include:

- **Age.** Risk of fibroids increases with age and peaks at around age 50. In some women, fibroids may shrink after menopause.
- **Family history or genetics.** Having a family member (such as a mother, sister or aunt) with fibroids increases your risk.
- **Race/ethnic origin.** Fibroids are 2-3 times more common in African-American people than Asian, Hispanic, or White people. African-American people also tend to get fibroids at a younger age, and their fibroids tend to grow faster.
- **Weight.** Being overweight or obese increases the risk of fibroids.
- **Hormones.** Fibroids can be affected by the levels of hormones— estrogen and progesterone.
- **High blood pressure** increases the risk of fibroids.
- **Dietary factors.** (e.g. Vitamin D deficiency, use of soybean milk).

How do I know if I have fibroids?

Unless you have symptoms, you might not know if you have fibroids. In some cases, a healthcare provider will find fibroids during a routine pelvic exam. Your provider may also order imaging tests to see a picture of the fibroids. Surgery (i.e. hysteroscopy) can confirm the ultrasound diagnosis of fibroids and provide additional information like the location of the fibroids.



How are fibroids treated?

If you have symptoms, there are medical treatments that can help. Talk with your healthcare provider about the best way to treat your fibroids. They will consider many things, such as:

- What symptoms you have and their severity
- If you want to get pregnant in the future
- The size of the fibroids
- The location of the fibroids
- Your age and how close you are to the onset of menopause

If you have fibroids but do not have symptoms, you may not need medical intervention. Your provider can check during regular exams to see if your fibroids have grown and ask you whether you have noticed any new or worsening symptoms. Your provider may recommend an imaging test to check growth or change in size.

Talk to your provider to discuss if you should take medicine to manage your symptoms such as:

- Iron supplements to treat or prevent anemia (low red blood cell count) caused by heavy bleeding.
- Stool softener to help with constipation.
- Over-the-counter (OTC) or prescription pain medicines to help ease the pain due to fibroids.

Your provider may recommend a medical treatment with hormones to help control bleeding. This may include:

- Birth control products, such as pills, patches, or vaginal contraceptive rings
- Progesterone pills or injections (shots)
- Intrauterine device (IUD) with hormone (progesterone)
- Newer medicines approved to manage heavy menstrual bleeding associated with fibroids in premenopausal women.

Talk with your provider about the risks, benefits, and side effects before you start or stop a medical treatment.



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If you have moderate or severe symptoms from your fibroids, your provider may recommend medical treatments as discussed above or surgical procedures. Surgical options include:

- **Myomectomy** – Surgery to remove fibroids without removing healthy tissue of the uterus.
- **Hysterectomy** – Surgery to remove the entire uterus.
- **Fibroid ablation** – A surgical procedure that uses energy to destroy fibroid tissue while avoiding damage to the normal uterine tissue. The fibroids are not removed, but shrink in size.
- **Uterine fibroid embolization (UFE) or uterine artery embolization (UAE)** – A thin tube is threaded into the blood vessels that supply blood to the fibroid. Then, tiny plastic or gel particles are injected into the blood vessels. This blocks the blood supply to the fibroid, causing it to shrink.

Talk with your provider about all your medical treatment options and their risks and benefits. Your provider can answer all your questions and together you can decide which treatment is right for you.

This fact sheet was developed by the FDA Office of Women's Health. This information is for educational purposes, not all inclusive, and should not be used in place of talking to your healthcare provider.

**To learn more about
uterine fibroids, go to:
www.fda.gov/uterinefibroids**



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